## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

APPLICANT(S)

FILING DATE

## **CLAIMS**

	AS FILED		AFTER I AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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CLAIMS						

PTO - 1360 (REV. 11/04)

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TOTAL DEP.		<b>(-</b>		+		<b>(</b>
TOTAL CLAIMS						

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